Check the box Spouse's first name and initial Last name Deceased Spouse's soci	urity number 003
Return 0070.1 0070.2 0060.1 0060.2 0305.63 Check the box Spouse's first name and initial Last name Deceased Spouse's soci	003
Check the box Spouse's first name and initial Last name Deceased Spouse's soci	
Oncok the box	security number
	055
an amended Home address (number and street) City State	Zip+4
return. 0075 0080 0085 00	
Filing Status (check only one box) 1 Single 2 Married filing jointly	Head of Household
0305.04 0305.07 4 X 0305.13 Resident full year (To be used only by full year Montana residents)	0305.10
Exemptions	
5a X Yourself0305.30 65 or older 0305.33 Blind0305.36 Enter number check	xed 0305.39 5a
5b Spouse 0305.42 65 or older 0305.45 Blind 0305.48 Enter number check	
5c Dependent's first name Last name SSN Relationship Disa	
0305.69 0310.16 0315.22 0325.04 0325	
0305.72 0310.19 0320.01 0325.07 032	
0305.75 0310.22 0320.04 0325.10 0325	40 0305.54 5c
5d If additional dependents, see instructions. Add lines 5a thru 5c and enter total exemptions here	0305.57 5d
	st dollar. If no entry, leave blank.
6 Wages, salaries, tips, etc. Attach federal Form(s) W-2	
7a Taxable interest. Attach federal Schedule B or 1 if required	0355 7a
b Tax-exempt interest. Do not include on line 7a 7b 0360	
8a Ordinary dividends. Attach federal Schedule B or 1 if required	0365 8a
b Qualified dividends. Attach rederal Schedule B of Filt required. 9 Capital gain or (loss). Attach federal Schedule D if required. 10a IRA distributions. 10a. 0380 Taxable amount 11a Pensions and annuities. 11a. 0390 Taxable amount	
9 Capital gain or (loss). Attach federal Schedule D if required	
10a IRA distributions	
11a Pensions and annuities	
14 Add and enter amounts in the far right columns lines 6 thru 13b. This is your total	
income	
13a Social security benefits	15
	16
To a contract of the contract	17
18 Jury duty pay you gave your employer	18
19 Add lines 15 through 18 and enter the result here. This is your total adjustments t	
income	
gross incomegross income	0445
21 Interest and municipal fund dividends state, county, or municipal	20
bonds from other states	21
22 Taxable federal refund	22
23 Addition to federal taxable social security/railroad retirement 0460	23
24 Medical care savings account nonqualified withdrawal	24
25 Add lines 21 through 24 and enter the result here. This is your Montana additions	
federal adjusted gross income	25
24 Medical care savings account nonqualified withdrawal	26
27 Exempt unemployment compensation	27
28 Partial pension and annuity income exemption	28
29 Partial interest exemption for taxpayers 65 and older	29
30 Exemption for certain taxed tips and gratuities	30
31 Exempt medical care savings account deposits and earnings 0500	31
32 Subtraction for federal taxable social security/Tier I Railroad 0505	
Retirement.	32
33 Subtraction for federal taxable Tier II Railroad Retirement.	33
	30
34 Add lines 26 through 33 and enter the result here. This is your Montana subtraction	
	0515

Form	n 2M, Page 2 – 200	6 Social Secur	ity Number:							
	36 Montana adju	isted aross inco	me from line :	35					0525	36
	Deductions	isted gross irioo		,0		only one		··· <u> </u>	0020	
ne	37 (A) Standar	d Deduction:			(A)0305		0.500			
Taxable Income		d Deductions (F	orm 2M. Sche	dule I. lir	` '		0530	37		
<u>=</u>	38 Subtract line								0535	38
<u>o</u>										
ab	Exemptions (all individuals are entitled to at least one exemption) 39 Multiply \$1,980 by the number of exemptions on line 5d and enter result									
Bj.								39		
	40 Subtract line 39 from line 38 and enter the result here. If zero or less, enter zero. This is your								0545	
	taxable income								0545	40
	41 Tax from the						0550	41		
ax	42 1% capital ga						0555	42		
ř	43 Subtract line								0500	
									0560	43
	44 Nonrefundab							44		
ţ	45 Nonrefundab							45		
Credits	46 Add lines 44								0575	46
ວັ	47 Subtract line								0500	
	your total tax	x after nonrefu	ndable credit	s					0580	47
	48 Montana inco	me tax withheld	d. Attach fede	ral Form	(s) W-2 and 109	99	0585	48		
ts ets	49 2006 estimate 50 2006 extension	ed tax payments	s and amounts	s applied	from your 2005	5 return	0590	49		
ner)ffs	50 2006 extension	on payment fron	n Form EXT-0	6			0595	50		
Payments ind Offsets	51 Elderly Home	owner/Renter C	redit from Fo	m 2M, S	chedule II, line	7	0600	51		
a E	52 Add lines 48	through 51 and	enter the resu	lt here T	This is vour tot	tal navme	nts/offsets		0605	52
	52 Add lines 40	allough of and			illis is your to	tai payiiic				
	53 Interest on underpayment of estimated taxes. (See instructions on page ??)							53		
St	54 Late file, late pay penalties and interest. (See instructions on page ??)							54		
ion	55 Medical Care Savings Account 10% penalty							55		
E I	Nongame wil									
⋣ `₹	program					Sum of 56a through	0645			
Penalty, Interest, Contributions	56a) 0625	56b) 0630				56d	0045	56		
Pe	57 Add lines 47, 5		/			l m of vour t	otal tax nenaltie			
									0650	57
_	58 If line 57 is n									
Owe	check payable						ww.mt.gov/revenu		0655	58
_ =		t card or E-check								
You	59 If line 57 is le	ess than line 52	2, enter the dif	ference l	here				0660	59
ב אַ	60 Enter the amo	ount of line 59 v	ou want appli	nt applied to your 2007 estimated taxes					0665	60
B >	04.0.	. 00 (50			TI.'- '					
A P	61 Subtract lines	60 from line 59	and enter the	e result h	ere. Inis is yo	our retund	i		0670	
	il you wish to use direct deposit effect your K 114# and ACC1 # below. See ilistractions.0040							ŭ	0070	
RTN	# 00 30		CCT#	00 35			0048 saving	S		61
If app	olicable, check appro	opriate box.	Name, addres	ss and telep 0052.2	phone number of p	ald preparer	·		ion – Check	
				0052.3	0305.83				ttach a copy	,
	alized estimated payr				0052.4				Form 4868 to Montana exte	
	ot mail 2007 forms	0305.21	SSN, FEIN or	1 - 1	0300.05		0305.24	,		
	he DOR discuss this	return with your tax	preparer? Yes	No	0305.60		? Call (406) 444-6900 or TE	DD (406) 444	1-2830 for hearin	ng impaired.
X					0115	X				
	Your signature	is required	Date	Daytime	telephone numb	er	Spouse's signat	ure		Date
I declare under penalty of false swearing that the information in this return and attachments is true, correct and complete.										
If Tazable But not Multiply If Tazable But not Multiply										
Inc	ome is Over Over		and Subtrac		Income is Over	Over	-		et = tax	
\$		2,400 1%	\$ 0		\$ 8,800	\$ 11,300	5%	\$ 220		
\$		4,300 2% 6,500 3%	\$ 24 \$ 67		\$ 11,300 \$ 14,500	\$ 14,500	6% 6.9%	\$ 333 \$ 464		
4	7,000 \$	0,000 3%	\$ 67		φ 17,500		0.0%	\$ 404		

Form	ZIVI, F	age 3 – 2006 Social Security Number:				
		Schedule I: Montana Itemized Deduc	tions			
		Enter on the corresponding line your itemized dec	luctions.			
		File Schedule I with your Montana Form 2N	١.			
	1	Medical and dental expenses	0675	1		
Þ	ഗ 2		0680	2		
ਰ 🖃	8 3		0685	3		
Medical and Dental		Subtract line 3 from line 1 and enter result here but not less than ze				
S Si	ğ T	deductible medical and dental expense subject to 7.5% of Mon		0690	4	
ا ق	Ĭ,			0695	- 5	
2	5	•		0700		
	0	Long term care insurance premiums not deducted elsewhere on yo				6
		Complete lines 7a through 7d reporting your total federal income t	e in 200	6 before		
		completing line 7e		=		
-		Federal income tax withheld in 2006	0705	7a		
<u>a</u> .	71	Federal estimated tax payments paid in 2006	0710	7b		
	70	2005 federal income taxes paid in 2006	0715	7c		
5		Other back year federal income taxes paid in 2006	0720	7d		
Taxes You Paid		Add lines 7a through 7d and enter result here, but not more than \$5				
es		filing single, or head of household, or \$10,000 if filing a joint return v			0725	
ã.		This is your federal income tax deduction				7e
-	ρ	Real estate taxes paid in 2006			0730	8
	_				0735	9
	9			-	0733	10
		Other deductible taxes. List type and amount: 0325.64				
	11	Home mortgage interest and points reported to you on federal Form			0745	11
st	12	2 Home mortgage interest not reported to you on federal Form 1098.		0750		
<u> </u>		person from whom you bought the house, provide name, SSN, and	address.			12
Interest You Paid		0330.01				
<i>=</i> ≻		Points not reported to you on federal Form 1098		0755	13	
	14	Investment interest. Attach federal Form 4952		0760	14	
S	1	Contributions made by cash or check during 2006			0765	15
Gifts		Contributions made other than by cash or check		0770	16	
G		Contribution carryover from the prior year			0775	17
	18	3 Child and dependent care expenses. Attach Montana Form 2441M			0780	18
	10	Casualty and theft loss(es). Attach federal Form 4684			0785	19
				•	0703	19
w	20	Unreimbursed employee business expenses. Attach federal	0790			
ج ج ق		Form 2106 or 2106EZ		20		
a		Other expenses. List type and amount:	0795			
Job Expenses and Certain Miscellaneous	Deductions	0330.04		21		
<u>8 5</u>	<u>2</u> 22	Add lines 20 and 21 and enter the result here	0800	22		
Si	<mark>달</mark> 2:	B Enter the amount on Form 2M, line 35 here	0805	23		
ΧΞ.	<u>5</u> 24	Multiply line 23 by .02 (2%) and enter the result here	24			
₩.⊆.	2 ک	5 Subtract line 24 from line 22 and enter the result here, but not less	than zero		0815	25
용할		Political contributions (limited to \$100 per taxpayer)			0820	26
ראַ פּ		Other miscellaneous deductions not subject to 2% of Montana AGI.				27
O		and amount: 0330.07	Liot typo		0825	
	20	3 Add lines 4 through 6; 7e through 19; and 25 through 27 and enter	the regult here		0830	28
	20			L	VOSU	26
D		If the amount on Form 2M, line 36 is more than \$150,000 your dedulimited. Complete the itemized deduction Worksheet VI, found on p				
ize						
Ę. ;		Form 2M instruction booklet and then continue to line 29; otherwise below.	e, go to line 30			
Total Itemized Deductions						
<u>a</u> 5	29	This is the		0835		
ے ب				0033	29	
_			00.45			
	3(Subtract line 29 from line 28 and enter the result here and on Form These are your allowable itemized deductions		0840	30	
		THE THE TOTAL AND THE PROPERTY OF THE PROPERTY		1		

Schedule II: Montana Tax Credits

Enter on the corresponding line your Montana tax credits. File Schedule II with your Montana Form 2M.

Nonrefundable credits that are single-year credits and HAVE NO carryover provision.

	1 College contribution credit. Attach Form CC	0850	1
	2 Energy conservation installation credit. Attach Form ENRG-C	0855	2
	3 Elderly care credit. Attach Form ECC	0860	3
)	4 Developmental disability account contribution credit	0865	4
	5 Add lines 1 through 4 and enter the result here and on Form 2M, line 44. These are	0870	
	your total nonrefundable single-year credits	0070	5

Nonrefundable Carryover Credits

Nonrefundable credits that HAVE a carryover provision that allows you to carry forward the unused portion of your credit to future tax years.

6 Alternative energy systems credit. Attach Form ENRG-B. Attach Form ENRG-B and enter the amount on Form 2M, line 45. This is your total nonrefundable carryover

0875

Refundable

Refundable credit that is applied against your income tax liability with any remaining balance refunded to you.

7 Elderly homeowner/renter credit. Attach Form 2EC and enter the amount on Form 2M, line 51 This is your elderly homeowner/renter credit.....

0880

7

6

We have listed 6 credits that can be used when filing Montana Form 2M however the Montana legislature has authorized 27 different income tax credits. See Montana Form 2, Schedule V for a list and description of these 27 tax credits that are available. If you are eligible for any of the other credits not listed above, you will have to file Montana Form 2 instead of Form 2M.

Montana Tax Credits

There are three categories of credits available to you on your Montana individual income tax return. With the exception of the capital gains tax credit, which is required to be applied before any other credit, (refer to the instructions for Form 2M, line 42) you are not required to apply any of these 6 tax credits against your income tax liability in any particular order.

• Nonrefundable single-year credits. Your nonrefundable single-year credits can only be used to offset your 2006 resident tax

after capital gains credit and cannot reduce your tax liability below zero. The unused portion of your nonrefundable single-year credits that exceeded your 2006 income tax liability are lost and are unable to be used in future years.

- Nonrefundable carryover credit. Your nonrefundable carryover credit can be used to offset your 2006 resident tax after capital gains credit and cannot reduce your tax liability below zero. Your excess nonrefundable credit that is not applied against your 2006 income tax liability can be carried over and used to offset future year tax liabilities.
- Refundable credits. Your refundable elderly homeowner/renter credit is applied against your income tax liability with any unused credit refunded to you.